



Dangerous Waste Annual Report Verification Form

2002

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information :

RCRA Site ID: **WAD 980 986 848**

Current Company Name: **King Cnty Airport Maintenance**

Site Location: **6518 ELLIS AVE S**

City/State/Zip: **SEATTLE, WA 98108**

County: **KING**

Dept. of Revenue Tax Registration Number: **600-260-524**

NAICS : **92119**

**This Report is
Due
No Later Than
March 3, 2003**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

Name: **King Cnty Motor Pool**
Mail Address: **PO Box 80245**
SEATTLE, WA 98108-0245

1b

Name: **KING CNTY INTERNATIONAL AIRPORT**
Mail Address: _____

2a The legal company/agency owner is:

Name: **King Cnty Motor Pool**
Mail Address: **PO Box 80245**
SEATTLE, WA 98108-0245
Work Phone: **(206)296-7380** Ext: _____

2b

Name: **KING CNTY INT'L AIRPORT**
Mail Address: _____
Work Phone: _____ Ext: _____

the company ownership change in 2002?

☐ Yes Date: _____ (continue to the right):
☒ No (go to 3a):

I represent the:

☒ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☒ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: **King Cnty Motor Pool**
Mail Address: **PO Box 80245**
SEATTLE, WA 98108-0245
Work Phone: **(206)296-7380** Ext: _____

3b

Name: **KING CNTY INT'L AIRPORT**
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

Name/Title: **Rick Renaud**
Mail Address: **PO Box 80245**
SEATTLE, WA 98108-0245
Work Phone: **(206)296-7427** Ext: _____
E-Mail Address: _____

4b

Name/Title: **MICHAEL R HAMM**
Mail Address: _____
Work Phone: **206-296-7387** Ext: _____
E-Mail Address: **MIKE.HAMM@METROK.COV**

5a The contact for annual report forms is:

Name/Title: **Rick Renaud**
Mail Address: **PO Box 80245**
SEATTLE, WA 98108-0245
Work Phone: **(206)296-7427** Ext: _____
Mail Address: _____

5b

Name/Title: **MICHAEL R HAMM**
Mail Address: _____
Work Phone: **206-296-7387** Ext: _____
E-Mail Address: **MIKE.HAMM@METROK.COV**



6. Generator Status Required – Indicate the facility's generator status for 2002 by checking the appropriate box. If you changed from last year, use the Comment Section (#9, below) to explain.

- ☐ Large Quantity Generator (LQG) ☐ Small Quantity Generator (SQG)
☐ Medium Quantity Generator (MQG) ☒ No Regulated Waste Generated

7. Electronic Data Submittal - if submitting data electronically, indicate your method of submission. VF must be submitted on paper.

- ☐ Disk(s) included ☐ Data submitted by e-mail

8. Waste Management Activities – Check boxes below ONLY if they apply to your site

8a. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes
☐ Transfer facility
Mode of Transportation
☐ Air
☐ Rail
☐ Highway
☐ Water
☐ Other - specify: _____

8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)

- ☐ For waste generated at this site
☐ For waste generated by other facilities
Which of the Following RCRA permitted activities occur at this facility?
☐ Treatment
☐ Disposal
☐ Storage
☐ No longer RCRA-TSD active

8c. ☐ 24 Hour Immediate Recycler (commercially receives off-site waste)

8d. Used Oil Fuel Marketer

- ☐ Directs shipment or used oil to used oil burner
☐ First claims the used oil meets the specifications

8e. Used Oil Burner – Indicate type(s) of combustion device(s)

- ☐ Utility boiler
☐ Industrial furnace
☐ Industrial boiler

8f. Used Oil Transporter – indicate type(s) of activity(ies)

- ☐ Transfer facility
☐ Transporter

8g. Used Oil Processor/Re-refiner – indicate type(s) of combustion device(s)

- ☐ Process
☐ Re-refine

8h. Dangerous Waste Fuel Activity

- ☐ Generator of fuel
☐ Generator marketing to burner
☐ Other marketers (i.e., blender, distributor)
Deferrals/exemptions (in federal registers only)
☐ Smelter deferral
☐ Small quantity exemption
☐ Other
Burner (indicate type of combustion unit)
☐ Utility boiler
☐ Industrial boiler
☐ Industrial furnace

8i. LQHUW (Large Quantity Handler of Universal Waste)

- ☐ Batteries
☐ Mercury containing thermostats
☐ Lamps

8j. Excluded On-Site Waste management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule (PBR)
☐ Recycling without prior storage or accumulation

9. Comments – additional sheet may be attached for comments if needed

10. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink) _____

Date 2-26-03

Name (print/type) MICHAEL R. HAMM

Title MAINT. MANAGER

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).